

## ANNUAL TRAINING RELEASE OR CANCELLATION REQUEST

COMNAVRESFORINST 1571.7F

<b>PRIVACY ACT STATEMENT</b>					
<small>Authority to request this information is derived from 5 USC 301 Departmental Regulations. Purpose of this form is to request waiver from Annual Training. Information is used to evaluate individual's request and to notify him/her of decision. Form becomes part of individual's personnel record. Completion of this form is mandatory. Failure to provide required information may result in an inability to process the request.</small>					
FROM: (Name - Last, First, Middle) _____			SOCIAL SECURITY NO: _____		GRADE/RATE: _____
TO: _____ (Submit to appropriate command having waiver authority)					
VIA: COMMANDING OFFICER _____					
<b>FILL IN APPROPRIATE BLANKS</b>					
<b>CANCELLATION REQUEST</b>	A. DUTY REQUESTED: _____				
	B. I HAVE BEEN ORDERED TO _____ COMMENCING _____ C. ORDER SERIAL NUMBER _____ (Attach information copy of orders, if available)				
ORIGINAL AND ALL COPIES OF ORDERS MUST BE RETURNED IMMEDIATELY UPON RECEIPT IF CANCELLATION IS DESIRED.					
<b>WAIVER REQUEST</b>	FISCAL YEAR: _____	NO. OF DRILLS SCHEDULED/ ATTENDED DURING FISCAL YEAR: _____	NO. OF UNEXECUSED ABSENCES PAST 12 MONTHS: _____	PREVIOUSLY RELEASED FROM TRAINING DUTY OBLIGATIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, STATE WHAT YEARS AND REASONS: _____
	DATES AND LOCATIONS OF AT PERFORMED LAST THREE YEARS: _____				DATE OF AFFILIATION WITH CURRENT UNIT: _____
	Enclose all substantiating documents you may have.				
DETAILED REASONS FOR THIS REQUEST: (If cancellation request and required annual training not yet performed this fiscal year, indicate month and year you plan to fulfill annual training requirement.)     					
DATE: _____			SIGNATURE: _____		
<b>FIRST ENDORSEMENT</b>					
FROM: COMMANDING OFFICER _____ <div style="display: flex; justify-content: space-between; width: 100%;"><div>(UNIT)</div><div>(MAILING ADDRESS)</div><div>(ZIP CODE)</div></div>					
TO: _____					
1. The above information has been verified and is forwarded recommending <input type="checkbox"/> APPROVAL <input type="checkbox"/> DISAPPROVAL for the following reasons: (When Disapproval is recommended, include action taken.)					
DATE: _____			SIGNATURE: _____		
<b>SECOND ENDORSEMENT</b>					
FROM: _____					
To: COMMANDING OFFICER _____ <div style="display: flex; justify-content: space-between; width: 100%;"><div>(UNIT)</div><div>(MAILING ADDRESS)</div><div>(ZIP CODE)</div></div>					
1. Returned <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED. (If Disapproved, state action to be taken by Unit Commanding Officer.)					
DATE: _____			SIGNATURE: _____		